

APPLICATION FOR APPROVAL OF SPECIAL PROGRAM OF STUDY

Section A - SYSTEM INFORMATION - This section is to be completed for all requests.

Date of Application _____

School System _____ State System Number _____

Contact Person _____

E-mail _____

Phone Number _____ Fax Number _____

Date of Approval by Local Board of Education _____ (Must be approved annually)

The information on this application is complete and accurate. Assigning the proposed instructor to this special program of study will not preclude having all State Board approved courses taught by appropriately endorsed teachers.

Director of Schools Signature _____

Section B - COURSE INFORMATION - This section is to be completed for all requests.

NOTE: The proposed Program of Study that differs from the state approved Program of Study must be attached to this application. These should follow the same format as those for current State-Board approved courses. If career & technical education credit is requested, correctly formatted competency profiles for each course must also be attached (if these differ from approved state curriculum for each course in the program of study.)

1. Name of Cluster and Proposed Program of Study

Cluster _____

Program of Study _____

Total units of credit available in Program of Study: _____

(Three or more credits with course sequence required)

Each Course _____

Total _____

2. Show documentation that the Program of Study provides high wage, high skill, and/or high demand in the *Local Work Force Investment Area*.

3. Show documentation that the Program of Study provides articulation and/or dual credit opportunities.

4. Check Program Area of CTE curriculum in which credit is awarded.

<input type="checkbox"/>	Agricultural Education	<input type="checkbox"/>	Marketing Education
<input type="checkbox"/>	Business Technology Education	<input type="checkbox"/>	Technology Engineering Education
<input type="checkbox"/>	Family and Consumer Sciences	<input type="checkbox"/>	Trade & Industrial Education
<input type="checkbox"/>	Health Science Education	<input type="checkbox"/>	

5. Names/titles of individuals who developed the Program of Study:

6. Texts and/or supplementary materials to be used if other than state approved materials:

7. Procedure for assessing student progress:

ED-5390